## 

	l in this information to identify your c	ase:						
De	ebtor 1 Mthandi D. I	Burton			_			
	ebtor 2 wouse, if filing)							
Un	nited States Bankruptcy Court for the	EASTERN DISTRICT	FOF PENNSYLVANIA					
	ase number <u>17-15974</u>		_			Check if this is	:	
(If k	known)					An amende	ed filing	
_							ent showing postpetiti as of the following da	
$\overline{\Omega}$	official Form 106I					MM / DD/ \	<del>YYY</del>	
S	chedule I: Your Inc	ome						12/15
atta	ouse. If you are separated and you ach a separate sheet to this form.  Describe Employment	r spouse is not filing w On the top of any additi	ith you, do not includional pages, write you	le infoi ur nam	mation e and o	n about your spo case number (if	ouse. If more space known). Answer eve	s needed, ry question.
1.	Fill in your employment information.			Debtor 1			or non-filing spous	e
	If you have more than one job,	Employment status	■ Employed			☐ Empl	oyed	
	attach a separate page with information about additional employers.		☐ Not employed			☐ Not employed		
		Occupation	dental assistant					
	Include part-time, seasonal, or self-employed work.	Employer's name	Moniz Dental Gr	oup				
	Occupation may include student or homemaker, if it applies.	Employer's address	Glenside, PA					
		How long employed t	here? 4 month	ıs				
Pai	rt 2: Give Details About Mor		here? <u>4 month</u>	ıs				
Esti spoi	imate monthly income as of the di use unless you are separated. ou or your non-filing spouse have mo	ate you file this form. If	you have nothing to re	port for				_
Esti spoi	imate monthly income as of the dause unless you are separated.	ate you file this form. If	you have nothing to re	port for	employ			If you need
Esti spoi	imate monthly income as of the di use unless you are separated. ou or your non-filing spouse have mo	ate you file this form. If ore than one employer, countries form.	you have nothing to re ombine the information	port for	employ	ers for that perso	n on the lines below.	If you need
Esti spor f you	imate monthly income as of the dause unless you are separated.  ou or your non-filing spouse have more space, attach a separate sheet to the control of the	ate you file this form. If one than one employer, countries form.  Try, and commissions (becalculate what the month)	you have nothing to re ombine the information	port for	employ	ers for that perso	For Debtor 2 or non-filling spouse	If you need

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Del	btor 1	Mthandi D. Burton			Case number (if known)			17-15974			
					Fo	or Debtor1		or Debto on-filing			
	Cop	by line 4 here	4.		\$	2,725.00	\$	n is mining	spouse N/	<del></del>	
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	1.	\$	583.00	\$		N/.	٨	
	5b.	Mandatory contributions for retirement plans	5b		<b>\$</b> -	0.00	\$		N/		
	5c.	Voluntary contributions for retirement plans	50		<u>*</u> -	0.00	\$		N/A		
	5d.	Required repayments of retirement fund loans	5d		<u>*</u> -	0.00	\$		N/		
	5e.	Insurance	5e	<del>)</del> ,	\$	0.00	\$		N//		
	5f.	Domestic support obligations	5f.		\$	0.00	\$		N/A		
	5g.	Union dues	5g	١.	\$	0.00	\$		N//	<del></del>	
	5h.	Other deductions. Specify:	5h		\$	0.00	+ \$		N//		
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	 6.		\$ *	583.00	\$		N/A		
7.	Calo	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	2,142.00	\$		N/A		
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.			_						
	8b.	Interest and dividends	8a		\$_	0.00	\$_		N/A		
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8b 8c		\$_ \$	0.00	\$_ \$		N//		
	8d.	Unemployment compensation	8d		š	0.00	\$		N/A		
	8e.	Social Security	8e		<b>š</b> —	0.00	\$		N/A N/A		
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.		\$	0.00	\$		N/A	_	
	8g.	Pension or retirement income	8g.		\$_	0.00	\$~	-	N/A		
	8h.	Other monthly income, Specify: boyfriend contribution	_ 8h.	+	\$	1,000.00	+ \$_		N/A	<u> </u>	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		1,000.00	\$_		N/	/A	
10.	Calc	ulate monthly income. Add line 7 + line 9.	10.	\$		3,142.00 + \$	-	NI/A	= \$	2 4 4 2 2 2	
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		_		3,142.00 · Ψ_		N/A		3,142.00	
11.	Inclu othe	e all other regular contributions to the expenses that you list in <i>Schedule</i> and contributions from an unmarried partner, members of your household, your of friends or relatives.  The ot include any amounts already included in lines 2-10 or amounts that are not a sify:	depe							0.00	
12.	Add Write appli	the amount in the last column of line 10 to the amount in line 11. The result that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain</i> es	ult is t n <i>Liat</i>	the oilitid	con es a	ibined monthly in and Related <i>Data</i>	icome , if it	). 12.	\$	3,142.00	
12	Do v	Ou expect an increase or degrees within the war of the second of the sec						l	Combi	ined ly income	
ıJ.		ou expect an increase or decrease within the year after you file this form?  No.  Yes. Explain:									